Dear Parent/Guardian:

Per our school's policy, all students are required to use the school's transportation to and from work. The Office of Corporate Work-Study understands that due to extenuating or special circumstances, the family may need to opt out of transportation. Please use this form to submit your request. **All requests must be submitted no later than 7:30 am the day before the requested drop-off or pick-up to MR. MENDOZA.**

Please note that **no early pick-ups** are allowed. Students must work a full day and be picked up at the time determined by CWSP for their job placement. **Picking students up early may result in this privilege being revoked.**

Check-In & Check-Out Process for Students Who Do Not Ride School Transportation

- A written petition should be submitted to the Associate Director of Operations stating the family's hardship. Approval by the Associate Director of Operations is required. Once approved, the family will be contacted, and designated drop-off and pick-up times will be discussed.
- Students should report to their corporate workplace at the designated time.
- Students are expected to be in full uniform.
- Students MUST text the CWSP cell phone number at 713-540-1540 upon arriving at their workplace.
- Students MUST text the CWSP cell phone at the end of their workday. Accurate arrival and departure time should be recorded on the student's time card that they receive on their workday.
- Time-cards must be submitted **prior to departing** from your workplace.
- In the event that the student is late or will be absent, the family MUST call CWSP at 713-540-1540. The family should communicate to the CWSP no later than 7:30 am.
- **Any violation of this protocol or issue at work may cause the student to lose this privilege.** THIS FORM SHOULD BE TURNED TO MR. MENDOZA IN CWSP.

**THIS FORM SHOULD BE TURNED IN TO MR. MENDOZA IN OPERATIONS.**
Student Name: __________________________________________________

Grade (Please circle one):  9th  10th  11th  12th

Student Contact Phone #: _________________________________

Corporate Work-Study Sponsor: _______________________________

Parent/Guardian Name: _______________________________________

Parent/Guardian Contact Phone #: _____________________________

Parent/Guardian Signature: ________________________________

Please check-off and complete one of the options below:

- I am requesting to opt out of transportation on ____________ (date) in the (please circle): AM  PM

- I am requesting to opt out of transportation for the 2022-2023 school year.

I grant the following adult permission to transport my child:

Name of Adult: _______________________________________________

Contact Phone # of Adult: _________________________________

Please describe your reason:

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

To be completed by CWSP Office:  Approved  Declined

Opt-Out or Hardship:  O  H  Approved by: __________________________ Date: ____________________